DEPARTMENT OF HEALTH & HUMAN SERVICES



CENTERS FOR MEDICARE & MEDICAID SERVICES
Consortium For Quality Improvement and Survey & Certification Operations
Western Consortium – Division of Survey & Certification

IMPORTANT NOTICE - PLEASE READ CAREFULLY

August 18, 2010

Brent Bryson, Administrator Intermountain Hospital 303 North Allumbaugh Street Boise, ID 83704

CMS Certification Number: 13-4002

Re: Restore "deemed" status through Joint Commission accreditation

Dear Mr. Bryson:

The Idaho Bureau of Facility Standards (State survey agency) conducted a full health and life safety code survey on June 24, 2010. The State survey agency determined that Intermountain Hospital has met all the Medicare Hospital Conditions of Participation following the revisit survey conducted August 4, 2010.

As a result of Intermountain Hospital's compliance with federal requirements, the Centers for Medicare and Medicaid Services (CMS) will reinstate the hospital's Medicare "deemed" status through The Joint Commission and remove the hospital from the State survey agency's survey jurisdiction. Copies of this letter are being provided to the State survey agency and The Joint Commission.

If you have any questions, please contact Kate Mitchell of my staff at (206) 615-2432.

Sincerely,

Steven Chickering

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Western Consortium Survey and Certification Officer

Division of Survey and Certification

cc: Idaho Bureau of Facility Standards

The Joint Commission





C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0009 PHONE 208-334-6626 FAX 208-364-1888

August 18, 2010

Brent Bryson, Administrator Intermountain Hospital 303 North Allumbaugh Street Boise, ID 83704

RE: Intermountain Hospital, Provider #134002

Dear Mr. Bryson:

On August 4, 2010, a follow-up visit of your facility, Intermountain Hospital, was conducted to verify corrections of deficiencies noted during the survey of June 24, 2010.

We were able to determine that the Conditions of Participation: 42 CFR 482.12 Governing body – 42 CFR 482.21 Quality Assessment and Performance Improvement Program – 42 CFR 482.22 Medical Staff – 42 CFR 482.23 Nursing Services are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626.

Sincerely,

PATRICK HENDRICKSON

Health Facility Surveyor Non-Long Term Care SYLVIA CRESWELL

Co-Supervisor

Non-Long Term Care

PH/srp Enclosures

ec:

Kate Mitchell, CMS Region X Office